## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10646295

|                                                                                                                               | CLAIMS AS FILED - PART I |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                |                    | SMALL ENTITY |                    |                |            | OTUE                | R THAN                                           |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|--------------------|--------------|--------------------|----------------|------------|---------------------|--------------------------------------------------|
| ŀ                                                                                                                             | TOTAL CLAIM              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Colum                                  | nn 1)                          | (Column 2)         |              | TYPE               |                | OR         | SMALL               | ENTITY                                           |
| ╟                                                                                                                             |                          | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9                                       |                                |                    |              | RATE               | FEE            | 7          | RATE                | FEE                                              |
| Ľ                                                                                                                             | FOR                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBE                                   | RFILED                         | NUMBER EXTRA       |              | BASIC FE           | € 375.00       | OR         | BASIC FEE           | 750.00                                           |
| TOTAL CHARGEABLE CLAIMS                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0                                     | ninus 20= *                    | 0                  |              | X\$ 9=             |                | OR         | X\$18=              | <del> </del>                                     |
| Ē                                                                                                                             | IDEPENDENT (             | / ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ninus 3 = *                             | 0                              |                    | X42=         | +                  | 1              | -          |                     |                                                  |
| ٨                                                                                                                             | NULTIPLE DEPE            | NDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRESENT                                 |                                | П                  |              | 742=               |                | OR         | X84=                | <u> </u>                                         |
| •                                                                                                                             | If the difference        | e in column 1 is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s less than                             | zem enter "0                   | " in column 0      | ' [          | +140=              |                | OR         | +280=               |                                                  |
|                                                                                                                               |                          | CLAIMS AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                |                    |              | TOTAL              |                | OR         | TOTAL .             | 750                                              |
| -                                                                                                                             | 9/20/00                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                                |                    |              |                    |                |            |                     |                                                  |
| AMENDMENT A                                                                                                                   |                          | (Column 1) CLAIMS REMAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | (Column                        |                    | Г            | DIMALL             | ADDI-          | OR<br>I i  | SMALL               | _                                                |
|                                                                                                                               |                          | AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | NUMBER<br>PREVIOUS<br>PAID FOR | LY EXTRA           |              | RATE               | TIONAL         |            | RATE.               | ADDI-<br>TIONAL                                  |
|                                                                                                                               | Total                    | . 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus                                   | *20                            | - 0                |              | X\$ 9=             | FEE            |            |                     | FEE                                              |
|                                                                                                                               | Independent              | . 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus                                   | *** 3                          | = 0                | -            |                    |                | OR         | X\$18=              | 0                                                |
| ٢                                                                                                                             | FIRST PRES               | ENTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ULTIPLE DE                              | PENDENT CL                     | AIM 🔲              | -            | X42=               |                | OR         | X84=                | 0                                                |
|                                                                                                                               | i i                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                |                    |              | +140= .            |                | OR         | +280=               | .0                                               |
| G                                                                                                                             | a kulo                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                |                    |              | TOTAL<br>DDIT. FEE |                | OR         | TOTAL<br>ADDIT, FEE | 0                                                |
| //                                                                                                                            | 1916                     | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STERRING STER                           | (Column :                      |                    |              |                    |                |            |                     |                                                  |
| AMENDMENT B                                                                                                                   |                          | RÉMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | HIGHEST<br>NUMBER<br>PREVIOUS  | PRESENT            |              | DATE               | ADDI-          | ſ          |                     | ADDI-                                            |
|                                                                                                                               |                          | AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | PAID FOR                       |                    |              | RATE               | TIONAL,<br>FEE |            | RATE                | TIONAL<br>FEE                                    |
|                                                                                                                               | Total<br>Independent     | • .5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus                                   | -20                            | = <b>@</b>         |              | X\$ 9=             |                | OR         | X\$18=              | /. · ;                                           |
| AΜ                                                                                                                            | <b></b>                  | * 1<br>NTATION OF MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus ·                                 | ***3                           | - 6                | F            | X42=               | 1              | OR         | X84≠                | \                                                |
|                                                                                                                               |                          | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · ·                                     | - ENDENT CD                    | AIM .              |              | .140               |                |            | -/-                 | <del>\                                    </del> |
| •                                                                                                                             | •                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                       |                                |                    | L            | +140=<br>TOTAL     |                | OR         | / <del>+</del> 280= | <u> </u>                                         |
|                                                                                                                               | :<br>::                  | (Cölumn 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                |                    | AD           | DIT. FEE           |                | OR A       | TOTAL<br>DDIT FEE   |                                                  |
| O                                                                                                                             |                          | CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO PROPERTY.                            | (Column 2                      | (Column 3)         |              |                    |                |            | W.                  | · · · · · · · · · · · · · · · · · · ·            |
| L 1                                                                                                                           |                          | REMAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | NUMBER<br>PREVIOUSL            | PRESENT<br>Y EXTRA | <u>.</u>     | RATE               | ADDI:          |            | RATE                | ADDI:                                            |
| ENDMEN                                                                                                                        | Total Tev                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus                                   | PAID FOR                       |                    | () (A        |                    | FEE            |            | ACTION OF THE       | FEE                                              |
| MEN                                                                                                                           | Independent              | * 19 m/<br>* mm/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus                                   |                                |                    |              | <b>(\$ 9=</b> :    |                | )R         | X\$18=              |                                                  |
| ₹:1                                                                                                                           | FIRST PRESE              | VIATION OF MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | ENDENT CLA                     | VM ·               |              | X42=#              | i isas a       | )H         | X845                | Carrier Contract                                 |
|                                                                                                                               |                          | in the state of th |                                         |                                |                    |              | 140=               | T 4. 1         | )R         |                     |                                                  |
| 721 BB                                                                                                                        | and through and          | nn 1 is less than the<br>ber Previously Pai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | オテヘア はいていに                              |                                | AL                 |              | TOTAL              |                | , L        | €280=               |                                                  |
| <b>`</b> T                                                                                                                    | he Highest Numb          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                |                    | ADD          | IT. FEE            | <u>```</u>     | !! 7 · A # | ing erel            | - 10 pt/5                                        |
| The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1: |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                |                    |              |                    |                |            |                     |                                                  |